PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

olication or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		ОЯ	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			<i>Ĵ (₀</i> minus 20=		• 6			X\$ 9=		OR	X\$18=\	108
INDEPENDENT CLAIMS -			3 minus 3 =		*			X42=		OR	X84=	700
ML	JLTIPLE DEPEN	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less t				s than zero, enter "0" in colum				TOTAL		OR	TOTAL	91.8
CLAIMS AS AMENDED - PA					TII			, 0 ,, ,_		10	OTHER	
(Column 1)				(Colur		2/ (00/0/////0/		SMALL		OR	SMALL	ENTITY
AMENDMENT A	No. 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 19	Minus	- 2	6	=		X\$ 9=		OR	X\$18=	
	Independent	* 3	Minus	***	SCI AIM	=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=.		OR	+280=	
								TOTAL DDIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colun		(Column 3)		DOM: FEE E		,	-DD11.1 EE1	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 17	Minus	· 29	0	=		X\$ 9=		OR	X\$18=	
	Independent	* 4 NTATION OF MU	Minus	*** (3	= /		X42=		OR	X84=	86.00
	FIRST PRESE	NIATION OF MU	LIPLE DEF	ENDENI	CLAIM			+140=		OR	+280=	
							L	TOTAL			TOTAL	
		(Column_1)		(Colun	n 2)	(Column 3)	A	DD!T. FEE L		, ,	ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	** 2	$\varphi_{\underline{\hspace{0.5cm}}}$	=		X\$ 9=		OR	X\$18≈	
	Independent	* 4	Minus	*** L	<u> </u>			X42=		OR	X84=	
ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+280=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR I	TOTAL	
***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/01)

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